



FORM  
GD1  
(Rev. 5/2012)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

12 JUN 29 P1:20

STATE OF HAWAII  
STATE ETHICS COMMISSION

## FILER

Har Sharon E.  
Last Name First Name M.I.  
Hawaii State House of Representatives State Representative  
State Agency State Position

## CONTACT INFORMATION

State Capitol  
415 South Beretania Street, Rm 438  
Number and Street or P.O. Box  
Honolulu Hi 96813  
City State Zip Code  
(808) 586-8500 rephar@capitol.hawaii.gov  
Telephone Extension Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: None Date Received: \_\_\_\_\_  
Gift (Description): Nothing to report Value/Cost: \_\_\_\_\_
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
3. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

☒ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Signature

Date

6/29/12

REC'D BY HAND DELIVERY